110 W. Maddux St., Ste. 215 Branson, MO 65616 417-337-8549

City of Branson APPLICATION FOR CONSTRUCTION PERMIT

Fax 417-334-2391		ALLEICA		K CONSI	RUCTIONTERMIT	Office Ose Offig
Project Name			Project 911			Permit number
			Address:			
Owner			Phone		Brief description of work:	
			Cell		1	Date applied
Mailing address			Email		7	
						Fees due
City of Branson Licensed Contractor			Phone			
			Cell		1	Project Type Category
Mailing address			Email		Estimated construction	11
					value of project:	
			Phone		Original Signature of Applicant	1
			Cell		I hereby certify I am the owner or duly authorized owner's agent, I have read	# of sets of plans
Mailing address			Email		this application and all information is correct. I further certify, I have read, understand, and will comply with all the provisions outlined hereon. I also	submitted
					certify the plot plan submitted is a complete and accurate plan showing any	
		N	<u> </u>		and all existing and proposed structures on the subject property. PROVISIONS:	
Residential P	Project : Will this be a	rental?	es Nigh	htly Monthly	The issuance of a permit shall not be construed to release the owner or owner's agents from the obligation to comply with the provisions of all laws	
	requires 2	wetseal drawings and	_	•	and ordinances, including federal, state, and local jurisdictions, which regulate	Plans in file
Commercial	Project: design pro	=	a 5 copies by a wilst	ourregistered	construction and performance of construction. A permit will become null and void if the construction work authorized has not begun within 180 days from	
New construction					the date of issuance or if work is suspended or abandoned for 180 days prior	Rolled plans
Existing structure: If project is related to existing structure, check all boxes below that apply					to the final inspection.	Other documents
Repair	Altera	ation	Addition	Solar Panel		submitted
Mechanical Only Plumbing Only Electrical O					Applicant signature Date	
Re-roof If you checked either of the 3 boxes to the left, please complete ——————————————————————————————————						
Deck		checked either of the tach the required wo		please complete	Print name	
New electrica		tacii tile required wo	irksneet.		This Section For Official Use Only	Electrical Serv.
Are you building in a Yes If you checked Yes, please complete and attach a					Application reviewed and approved by: Date	Structural Eng.
floodplain?	No	Floodplain Develop	ment Application F	orm	Building	Report
Are building plans or construction documents being Yes				Yes		Floodplain Dev
= -	of this application?			No	Engineering/PW	Арр.
This Section For Official Use Only					E'm.	
square feet # of seats # of rooms occupancy load # of employees					Fire	1
oquare reet	" of seats	" of rooms	occupancy road	" or employees	Health	
						1
in floodplain	hazard type	construction type	use group	sprinkler system	Landscaping/Planning	
						01/2227
	1			1	Utilities	01/2017